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CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

Weekly Bulletin

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EDITOR

Many Needless Deaths from Drowning

Use of Proper Resuscitation Method Would Save Many Lives

A total of 3734 Californians have drowned during the past ten years. Excluding the 300 deaths from drowning that occurred in the St. Francis Dam disaster in 1928, the total number is 3434, an average of nearly 350 drownings each year. The numbers of registered deaths for this accidental cause, by years, is as follows:

<i>Drownings</i>	
1920	253
1921	314
1922	341
1923	314
1924	340
1925	327
1926	407
1927	398
1928	708
1929	332

Nearly all deaths from drowning in California and in the United States are in men. The number of women who drown is comparatively small. About 25 per cent of all deaths from this cause are in persons who are from 10 to 19 years old, and about 25 per cent are in those who are between the ages of 35 and 54. Half of all drownings occur among persons of these two age groups.

Comparatively fewer deaths from drowning occur

in those who are from 20 to 34 years of age. This may indicate that individuals who are in the most vigorous stage of life are better able to protect themselves against the possible hazards of accidental drowning. At all events, it is apparent that the safest ages for swimmers are those which fall between 20 and 34 years.

The lives of many persons who have apparently drowned could be saved if a proper method of artificial respiration were used. The prone pressure method is advocated by the American Red Cross, the United States Public Health Service and all leading public health authorities. Every individual who swims and every individual who may visit places where there is public swimming should know how to use this method of resuscitation, which, if applied properly and promptly, will save the lives of many persons who have apparently drowned. It is useful, also, for promoting respiration in persons who have received heavy electric shocks or who are asphyxiated by gas. The approaching vacation season makes it important for all swimmers to practice this method of resuscitation, which is described as follows:

1. Lay the patient on his belly, one arm extended directly overhead, the other arm bent at elbow and with the face turned outward and resting on hand or forearm so that the nose and mouth are free for breathing.

2. Kneel straddling the patient's thighs with your knees placed clear of the patient's hip bones. Place the palms of the hands on the small of the back with fingers resting on the ribs, the little finger just touching the lowest rib, with the thumb and fingers in a natural position, and the tips of the fingers just out of sight.

3. With arms held straight, swing forward slowly so that the weight of your body is gradually brought to bear upon the patient. The shoulder should be directly over the heel of the hand at the end of the forward swing. Do not bend your elbows. This operation should take about two seconds.

4. Now immediately swing backward so as to remove the pressure completely.

5. After two seconds, swing forward again. Thus repeat deliberately twelve to fifteen times a minute the double movement of compression and release, a complete respiration in four or five seconds.

6. Continue artificial respiration without interruption until natural breathing is restored, if necessary, four hours or longer, or until a physician declares the patient is dead.

7. As soon as this artificial respiration has been started and while it is being continued, an assistant should loosen any tight clothing about the patient's neck, chest or waist. Keep the patient warm. Do not give any liquids whatever by mouth until the patient is fully conscious.

8. To avoid strain on the heart when the patient revives, he should be kept lying down and not allowed to stand or sit up. If the doctor has not arrived by the time the patient has revived, he should be given some stimulant, such as one teaspoonful of aromatic spirits of ammonia in a small glass of water or a hot drink of coffee or tea, etc. The patient should be kept warm.

9. Resuscitation should be carried on at the nearest possible point to where the patient received his injuries. He should not be moved from this point until he is breathing normally of his own volition, and then moved only in a lying position. Should it be necessary, due to extreme weather conditions, etc., to move the patient before he is breathing normally, resuscitation should be carried on during the time that he is being moved.

10. A brief return of natural respiration is not a certain indication for stopping the resuscitation. Not infrequently the patient, after a temporary recovery of respiration, stops breathing again. The patient must be watched and if natural breathing stops, artificial respiration should be resumed at once.

11. In carrying out resuscitation it may be neces-

sary to change the operator. This change must be made without losing the rhythm of respiration. By this procedure no confusion results at the time of change of operator and a regular rhythm is kept up.

UNDULANT FEVER COMMITTEE TO REPORT

Reports received by the State Department of Public Health indicate that undulant fever in human beings is increasing to a certain degree within this state. While the control of this disease rests largely with veterinarians who may be engaged in the control of infectious abortion in cows, hogs and goats, the increasing incidence of the disease in human beings has aroused the interest of a group of individuals who are engaged in an intensive study of undulant fever in man, as well as in the related diseases which occur in animals.

The president of the University of California appointed a Committee for the Study of Brucella Infections, the members of which were chosen from the personnel of the Hooper Foundation for Medical Research, the Department of Veterinary Science, University Farm at Davis, the State Department of Agriculture, the State Department of Public Health, the Los Angeles County Health Department, and members of the medical profession. This committee has prepared an article entitled "Undulant Fever or Brucellosis" which covers the clinical aspects of the disease, its epidemiology and methods of control. This report will be printed by the State Department of Public Health and will be distributed to health officers and physicians in order that they may become fully informed in the diagnosis of this disease and its control.

TRICHINOSIS FROM "JERKED" BEAR MEAT

Four cases of trichinosis in residents of Trinity County found their source in "jerked" bear meat. Bears in the vicinity of the family ranch had been killing hogs and the men of the family went bear hunting. The meat from one of the black bears killed by the hunters was eaten by four members of the family, two of whom died. This bear meat was smoked until it became dry and hard. This process of "jerk-ing" meat does not render trichinosis meat safe for eating. Its discovery in Trinity County was due only to the thoughtfulness of a neighbor who remembered that she had heard of deaths having occurred to persons who ate raw or smoked bear meat. This is the first record of trichinosis from bear meat in the United States; the only other such record having come from Germany.

POLIOMYELITIS SHOWS SUDDEN RISE

Epidemic poliomyelitis (infantile paralysis) has shown a conspicuous increase in its prevalence during the first two weeks of May, during which period 27 cases of the disease were reported. Most of these cases have occurred in the southern part of the state, in contrast to the geographical distribution of this disease during recent years when more cases were reported from the northern part of the state. The appearance of a widespread outbreak of the disease, this year, can not be predicted definitely but it is true, nevertheless, that there is always a pronounced increase in the prevalence of this disease in April and May of those years in which the disease rises to epidemic proportions during the late summer months. It is believed, therefore, that there is significance in this early increase and health officers throughout the state have been cautioned relative to the necessity for watching closely to detect any cases that may be suspicious of this disease and to remove patients from contact with other individuals.

The numbers of cases of epidemic poliomyelitis reported in California during the present year are as follows:

January, 1930	17
February	3
March	12
April	16
May (first two weeks)	27
Total	75

The distribution by counties of cases which have been reported since January 1, 1930, is as follows:

Alameda	1
Contra Costa	1
Imperial	5
Kern	3
Kings	1
Los Angeles	33
Monterey	1
Orange	1
Riverside	4
Sacramento	1
San Bernardino	13
San Diego	1
San Francisco	2
San Luis Obispo	1
San Mateo	2
Sonoma	4
Tehama	1
Total	75

In 1927 there occurred the most extensive outbreak of this disease which has ever occurred in California. During that year 1298 cases were reported. Of this number 433, or 33.4 per cent, were reported from the counties of Southern California. It is reasonable to suppose that there are more susceptible persons in the southern part of the state at the present time. This supposition is based upon the fact that the last epidemic of this disease did not affect so many individuals in southern California and also upon the fact that the turnover of population in the southern end of the state is more extensive, therefore providing the possibility for the presence of a large number of nonimmune individuals in the community. For these reasons the increased incidence of epidemic poliomyelitis in southern California at the present time may be regarded with some degree of apprehension.

CLINIC FOR CRIPPLED CHILDREN IN SAN DIEGO

A clinic for crippled children was held in San Diego, May 18th, under the auspices of the State Department of Public Health in cooperation with the local Kiwanis Club, the County Board of Education and the California Society for Crippled Children. There were 83 crippled children who attended the clinic and who were given complete physical examinations by competent orthopedists. This clinic was conducted in accordance with the prevailing program now being put into effect throughout the state for the purpose of locating crippled children who may be in need of treatment and to make provision for correcting their physical handicaps.

MORBIDITY ***Diphtheria.**

55 cases of diphtheria have been reported, as follows: Alameda County 1, Berkeley 1, Oakland 3, Contra Costa County 3, Fresno County 1, El Centro 1, Los Angeles County 3, Glendale 2, Long Beach 1, Los Angeles 10, Montebello 1, Pomona 1, Monterey Park 2, Madera County 1, Salinas 1, Orange 1, Tustin 1, Riverside 1, Escondido 1, San Diego 2, San Francisco 9, Stockton 1, Redwood City 1, Santa Clara County 1, San Jose 2, Benicia 1, Tulare County 2.

Scarlet Fever.

127 cases of scarlet fever have been reported, as follows: Oakland 6, Piedmont 1, Contra Costa County 1, Fresno County 4, Fresno 2, Humboldt County 1, Kern County 4, Taft 1, Los Angeles County 6, Alhambra 1, Glendale 2, Huntington Park 1, Long Beach 2, Los Angeles 26, Redondo 3, Santa Monica 2, Hawthorne 2, South Gate 1, Maywood 1, Marin County 2, Merced County 1, Gustine 1, Monterey County 4, Salinas 1, Soledad 1, Orange County 3, Santa Ana 3, Sacramento 2, San Bernardino 1, Escondido 4, San Diego 2, San Francisco 26, Stockton 2, San Mateo County 1, Palo Alto 4, San Jose 1, Loyalton 1.

* From reports received on May 12th and 13th for week ending May 10th.

Measles.

2114 cases of measles have been reported, as follows: Alameda County 1, Alameda 20, Albany 4, Berkeley 25, Hayward 2, Oakland 158, Piedmont 7, San Leandro 13, Gridley 2, Calaveras County 1, Contra Costa County 10, Concord 8, El Cerrito 3, Martinez 7, Pittsburg 7, Fresno County 6, Fresno 25, Bakersfield 1, Taft 1, Tehachapi 1, Hanford 4, Lake County 1, Los Angeles County 194, Alhambra 12, Arcadia 3, Azusa 2, Beverly Hills 4, Burbank 2, Claremont 2, Compton 15, Covina 2, El Monte 17, Glendale 52, Hermosa 2, Huntington Park 20, Inglewood 10, Long Beach 151, Los Angeles 398, Monrovia 16, Montebello 3, Pomona 11, Redondo 1, San Fernando 3, San Gabriel 9, San Marino 4, Santa Monica 24, Vernon 1, Whittier 23, Torrance 2, Lynwood 9, Hawthorne 1, South Gate 12, Monterey Park 14, Maywood 9, Bell 7, Marin County 2, Ross 1, Merced County 2, Dos Palos 4, Merced 29, Monterey County 1, Grass Valley 2, Orange County 54, Anaheim 1, Brea 3, Orange 5, Santa Ana 26, Seal Beach 1, Placentia 6, Placer County 1, Auburn 2, Riverside County 44, Riverside 34, Sacramento County 44, Sacramento 34, San Bernardino County 2, Chino 4, Ontario 34, Redlands 19, Rialto 2, San Bernardino 12, San Diego County 5, Escondido 1, San Diego 63, San Francisco 144, San Joaquin County 40, Lodi 3, Stockton 32, San Luis Obispo County 4, Paso Robles 1, San Luis Obispo 1, San Mateo County 4, Burlingame 1, Redwood City 1, South San Francisco 2, Santa Barbara 14, Santa Clara County 5, Palo Alto 1, San Jose 14, Benicia 6, Vallejo 1, Sonoma County 3, Santa Rosa 3, Stanislaus County 4, Tulare County 2, Lindsay 2, Santa Paula 9, Yolo County 9, Davis 3, Winters 20, Woodland 4, Yuba County 1.

Smallpox.

55 cases of smallpox have been reported, as follows: Fresno County 1, El Centro 1, Kern County 1, Los Angeles County 13, Inglewood 8, Los Angeles 3, Santa Monica 4, Orange 1, Auburn 1, Sacramento County 1, Sacramento 3, Redlands 1, San Ber-

nardino 1, San Joaquin County 1, Stockton 1, Santa Barbara 4, Fairfield 5, Suisun 4, Tulare County 1.

Typhoid Fever.

11 cases of typhoid fever have been reported, as follows: Alameda County 1, Los Angeles 5, San Francisco 4, San Joaquin County 1.

Whooping Cough.

230 cases of whooping cough have been reported, as follows: Alameda 6, Berkeley 1, Oakland 5, Piedmont 1, San Leandro 2, Pinole 1, Fresno County 1, Fresno 13, Hanford 14, Los Angeles County 28, Azusa 1, Glendale 1, Hermosa 1, Long Beach 10, Los Angeles 18, Montebello 3, Sierra Madre 1, Torrance 1, Lynwood 4, Hawthorne 8, South Gate 2, Monterey Park 1, Maywood 2, Orange County 17, Orange 20, Santa Ana 4, La Habra 1, Placentia 1, Riverside County 3, Sacramento 3, San Bernardino 2, San Diego County 2, El Cajon 5, San Diego 34, San Francisco 4, San Joaquin County 1, Stockton 1, San Luis Obispo County 2, San Luis Obispo 1, Tulare County 1, Visalia 1, Santa Paula 1, Winters 1.

Meningitis (Epidemic).

3 cases of epidemic meningitis have been reported, as follows: El Centro 1, Los Angeles County 1, Los Banos 1.

Poliomyelitis.

11 cases of poliomyelitis have been reported, as follows: Calexico 2, Los Angeles County 2, Los Angeles 2, Lynwood 1, Monterey County 1, Riverside 1, Redlands 2.

Undulant Fever.

2 cases of undulant fever have been reported, as follows: Glendale 1, Orange County 1.

NOTE.—Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

COMMUNICABLE DISEASE REPORTS

Disease	1930				1929			
	Week ending			Reports for week ending May 10 received by May 13	Week ending			Reports for week ending May 11 received by May 14
	April 19	April 26	May 3		April 20	April 27	May 4	
Actinomycosis	0	0	0	0	0	0	1	0
Chickenpox	361	516	460	336	558	591	566	569
Coccidioides Granuloma	0	1	0	0	1	0	0	0
Diphtheria	48	52	45	55	56	55	58	43
Dysentery (Amoebic)	2	3	6	0	1	1	0	0
Dysentery (Bacillary)	0	4	6	0	7	9	1	2
Encephalitis (Epidemic)	0	2	0	0	1	2	2	0
Erysipelas	13	21	6	12	25	31	16	14
Food Poisoning	2	3	20	0	1	0	0	0
German Measles	11	24	31	12	40	44	25	34
Gonococcus Infection	113	120	85	109	89	154	95	91
Hookworm	0	0	2	0	0	0	2	0
Influenza	18	22	15	22	60	49	27	30
Leprosy	0	0	0	0	3	0	0	1
Malaria	1	0	3	2	2	1	2	1
Measles	1,855	2,615	2,176	2,114	115	106	107	121
Meningitis (Epidemic)	13	7	5	3	22	32	24	22
Mumps	534	762	802	708	602	550	545	476
Ophthalmia Neonatorum	0	0	0	0	0	1	2	0
Paratyphoid Fever	1	0	0	1	0	0	0	0
Pellagra	3	2	1	2	1	2	1	0
Pneumonia (Lobar)	40	54	51	49	74	166	64	46
Poliomyelitis	0	3	6	11	1	2	1	2
Rabies (Animal)	18	20	23	11	9	16	13	12
Rocky Mt. Spotted Fever	0	0	3	0	0	0	0	0
Scarlet Fever	151	156	140	127	485	492	469	414
Smallpox	85	98	58	55	94	112	73	69
Syphilis	178	144	137	125	180	195	160	176
Tetanus	0	0	1	0	2	3	2	1
Trachoma	9	2	1	2	3	4	3	3
Tuberculosis	254	188	271	201	222	173	214	206
Typhoid Fever	16	12	18	11	6	10	11	13
Undulant Fever	1	3	1	2	1	1	0	2
Whooping Cough	171	283	278	230	323	342	302	255
Totals	3,898	5,117	4,645	4,200	2,984	3,144	2,786	2,603



Measles continues on its high level.



Acute epidemic poliomyelitis jumped to 11 cases last week.



Smallpox remains at a stationary level.



Watch for cases that may be poliomyelitis.

